



STATE OF RHODE ISLAND
AND PROVIDENCE PLANTATIONS
Office of the Secretary of State

Corporations Division
100 North Main Street, Providence, RI 02903-1333
401-222-3041



PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2001

Filing Period: January 1-March 1 • Filing Fee: \$50.00

(FORM MUST BE TYPED IN BLACK)

1. Corporate ID No. 55420 2. Name of Corporation CO/OP SERVICES, INC
3. Street Address Principal Business Office 360 PLAINFIELD STREET
4. Business Phone No. PROVIDENCE, RI 02909
5. State of Incorporation RHODE ISLAND
6. SIC Code 8953

7. Brief Description of the Character of Business Conducted in Rhode Island

THE MAINTENANCE, SERVICE AND REPAIR OF AUTOMOBILES

8. NAMES AND ADDRESSES OF THE OFFICERS ("X" BOX FOR ATTACHMENT) FILL IN SPACES BEFORE USING ATTACHMENTS

President Name

Vice President Name

MEELAD CHAMMAS
Street Address

MEELAD CHAMMAS
Street Address

374 PLAINFIELD STREET
City State Zip
PROVIDENCE RI 02909

374 PLAINFIELD STREET
City State Zip
PROVIDENCE, RI 02909

MEELAD CHAMMAS
Street Address

MEELAD CHAMMAS
Street Address

SAME
City State Zip

SAME
City State Zip

9. NAMES AND ADDRESSES OF THE DIRECTORS ("X" BOX FOR ATTACHMENT) FILL IN SPACES BEFORE USING ATTACHMENTS

Director Name

Director Name

Street Address

Street Address

City State Zip

City State Zip

Director Name

Director Name

Street Address

Street Address

City State Zip

City State Zip

10. SHARES AUTHORIZED ("X" BOX FOR ATTACHMENT)

AUTHORIZED SHARES

Number of Shares Class/Series Par Value

100 Shares No Par Value

11. SHARES ISSUED ("X" BOX FOR ATTACHMENT)

ISSUED SHARES

Number of Shares Class/Series Par Value

10 No Par Value

This report must be signed in ink by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee



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FILED

OCT 26 2001

By Meelad Chammas
272971

Under penalty of perjury, I declare and affirm that I have examined this report, including any accompanying schedules and statements, and that all statements contained herein are true and correct.

Meelad Chammas Pres. 10/26/01
Signature of Officer Date

MEELAD CHAMMAS
Print or Type Name of Officer

PRESIDENT
Title of Officer

File Date: _____

Check No.: _____

By: _____

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